

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937

791

3907

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis Mo

(No. 4209 W. FINNEY AVE)

St. 11 Ward 1

2. FULL NAME JAMES M. HERNDON (col)

(a) Residence, No. 4209 W. FINNEY St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
about 1 ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

13. NAME JAMES HERNDON

14. BIRTHPLACE (CITY OR TOWN) Laurel (STATE OR COUNTRY) 31

15. MAIDEN NAME Laurel

16. BIRTHPLACE (CITY OR TOWN) Laurel (STATE OR COUNTRY) 31

17. INFORMANT (ADDRESS) Walter Richter 3500 Rutger Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Worshipful DATE 1/19/37

19. UNDERTAKER (ADDRESS) Funerary Board 3500 Rutger Ave

20. FILED JAN 21 1937 Registrar J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

Protracted Pneumonia  
primary  
Other contributory causes of importance: 107a

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? he

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify..... (Signed) Alfred J. Perry (Address) Deputy Coroner

3-10-1943

10-10-1943

11-10-1943

12-10-1943

13-10-1943

14-10-1943

15-10-1943

16-10-1943

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31-10-1943